

Board of Health, in a report, in December, 1848, state, "that in some cases vomiting existed without purging, and *vice versa*. In several cases neither vomiting or purging." Important facts, entirely subverting the common notion that the collapse is due to the draining away of the fluid portion of the blood. Annesley, who is allowed to have paid more attention to the early symptoms of cholera than any other writer, states:—"A practitioner, possessed of true professional tact, will discover in the countenance of the patient the earliest changes which mark the approaching invasion of cholera. The countenance is expressive of something approaching a state of anxiety, although the patient himself may not be aware of his state, or even that he is at all ailing. He generally answers 'very well,' but if pressed on the subject, he acknowledges that he experiences feelings which he cannot distinctly describe, though he feels neither pain or sickness. His spirits are, however, low, and there is a clammy moisture sometimes on the skin, and the pulse, though occasionally full and strong, is evidently oppressed and labouring. It is not, however, that kind of pulse which would attract particular attention, unless we are alert for this disease; but being prepared for such a visitation, it is impossible to mistake it." He gives a letter from Mr. Colledge in support of his own observations, and whose remarks were corroborated by every surgeon in the service to which he belonged.

"From the kind manner in which you received a part of the sick belonging to the ship 'General Harris,' under your charge, into the Madras Hospital, perhaps a statement of the primary symptoms or mode of attack of upwards of 70 cases may not be altogether devoid of interest. I must acknowledge, however, that some of these cases wanted the usual characteristics of the disease; but if we take into consideration the early period of their application for medical aid, we shall not be at a loss for symptoms, which obviously mark the disease, previous to the supervention of purging, vomiting or spasms.

"I am so thoroughly convinced that these symptoms are only secondary, that were the following marks present, I should not hesitate to pronounce the case to be one of epidemic cholera. 'As the patient is approached, an appearance of overpowering lassitude is at once perceived, with a pallid, anxious and sorrowful cast of countenance; and in more advanced stages the countenance is dejected and sunk. This peculiarity of countenance was so very obvious to every intelligent person, that many of the officers deserve my best thanks for bringing to my notice those who assumed the oppressed appearance."

One case he selected as an experiment, and only

kept quiet, after he noticed the peculiar cholera expression. Vomiting and purging did not come on until nine hours after, but the case was with difficulty saved. In other cases, the men refused to submit to treatment when first noticed, and lives were lost in consequence. "The disease is now raging violently throughout the ship's company, cases hourly coming before us, some of which have the well-marked symptoms of cholera; others, on their application, have neither purging nor vomiting, but they are marked by an anxious and depressed countenance, general lassitude and inability to exertion, pain across the diaphragm, with sense of constriction about the thorax."

The annexed case of John Williams is one of my own patients. The appearance of the countenance attracted my notice when he was at work, about three hours before the algide symptoms came on. I had some difficulty in getting him to keep quiet, and take the first dose of medicine, and he would not submit to be bled until the cramps came on. This case gave me an opportunity of confirming Annesley's and Colledge's observations, of distinctly ascertaining the mode of lying assumed by the patients, and shows the little effect of even a decided mode of treatment, where the collapse, and not the state of the *primæ viæ*, is the principal feature of the disease.

I have also a note of a case occurring the next day after Williams'. The mode of lying in his berth attracted my attention, and led me to speak to the man, whom I found with the cholera countenance, and some irregularity of the stomach and bowels. The algide symptoms did not come on until some time after he was bled, and had taken calomel and opium. The general character of the disease was similar to Williams' case, but he recovered and resumed work in five days.

Cholera was not epidemic at the time of these cases; they were ascribed to a change of the prevailing wind which frequently produces the disease at the mouth of the Ganges.

Dr. White, in the Bombay cholera reports thus speaks of the modification of ague by cholera influence. After stating that cholera was epidemic at his quarters, but appeared to be excited by particular currents of air:—"It appears to me that, in some constitutions, this cold wind, instead of producing cholera, causes a regular attack of fever and ague. You will observe by the abstract of the 7th, that eighteen cases of fever were admitted last week; although the period of their admission was not the spring, when that disease commonly shows itself, in few of these men did more than one fit occur."

"The above impression was made stronger on my